

Director's Signature:

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 24, 2010

Employee Name:		Sunday 04/18/10	Monday 04/19/10	Tuesday 04/20/10	Wednesday 04/21/10	Thursday 04/22/10	Friday 04/23/10	Saturday 04/24/10
Corbett,Kate 45161000 <i>Kate Corbett</i>	Day: In - Out			10:00	7:30 3:30	10:00 2:45	10:00 2:45	7:00 4:45
	Lunch: Out - In				12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To			10:00 2:00			12:00 2:30	
Document exceptions or comments, indicate type and amount.			HLN 2.5 ✓	Brookline Sup.				
Dookhan,Annie 45161000 <i>Annie Dookhan</i>	Day: In - Out			6:45 3:50	6:45 4:00	6:45 14:00	6:45 4:05	
	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:20	
	Outside Duty: From - To				1:15 2:50			
Document exceptions or comments, indicate type and amount.			HLN 7.5 ✓	OT 1:00 ✓	Cambidge Dist OT 1.25 ✓	Take 2.00 per 2.00 OT 1.25 ✓	OT 1.25	
Feiden, Stacey 8100-9745 <i>Stacey Feiden</i>	Day: In - Out			8:10 4:10	8:30 4:30	8:15 2:15	8:20 4:25	
	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HLN 7.5 ✓			2.0 SIC ✓		
Frasca,Daniela 45161000 <i>Daniela Frasca</i>	Day: In - Out			6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In				1:30 2:00	12:30 1:05	1:15 1:45	
	Outside Duty: From - To			10:00 2:00				
Document exceptions or comments, indicate type and amount.			HLN 7.5 ✓	Brookline Sup.				

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Philips, Gloria 45161000 <i>Gloria Philips</i> Employee Signature	Day: In - Out			8:30 12:00				
	Lunch: Out - In			—				
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HOLN 7.5	CMT 4.5	CMT 7.5	CMT 7.5	CMT 7.5	
Piro, Peter 45161000 <i>Peter Piro</i> Employee Signature	Day: In - Out			8:00 4:00	7:25 3:25	7:15 3:15	7:25 3:30	
	Lunch: Out - In			12 12:30	12 12:30	11:20 11:50	12 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HOLN 7.5					
Renczkowski, Daniel 45161000 <i>Daniel Renczkowski</i> Employee Signature	Day: In - Out		6:45 2:45	6:45 4:45	6:45 2:45	6:45 2:45	6:45 4:45	6:45
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HOL 7.5	OT 2.0 hrs			OT 2.0 hrs	OT 7.5 hrs
Saunders, Della 45161000 <i>Della Saunders</i> Employee Signature	Day: In - Out		6:45 2:45	1:45 4:45	6:45 2:45	6:45 2:45	6:45 5:45	6:45 2:45
	Lunch: Out - In		12:30 1:00	1:15 1:45	12:30 1:15	1:30 2:00	1:45 2:15	2:00 2:30
	Outside Duty: From - To				1:15 2:00			
Document exceptions or comments, indicate type and amount.			HOL 7.5	OT 2 hrs	Cantonecy dist		OT 3 hrs	OT 7.5

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Time Log/Program / Area: Drug Analysis Lab Boston

Week Ending:

Employee Name:		Sunday	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Employee Signature <i>Salemi</i>	Day: In - Out				945	600	940	600	950	615	945	600		
	Lunch: Out - In			HLN	1205	1200	1205	1255	1205	100	12	1245		
	Outside Duty: From - To		7.5											

Document exceptions or comments, indicate type and amount

Employee Signature	Day: In - Out													
	Lunch: Out - In													
	Outside Duty: From - To													

Document exceptions or comments, indicate type and amount.

Employee Signature	Day: In - Out													
	Lunch: Out - In													
	Outside Duty: From - To													

Document exceptions or comments, indicate type and amount.

Employee Signature	Day: In - Out													
	Lunch: Out - In													
	Outside Duty: From - To													

Document exceptions or comments, indicate type and amount.

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed below Employee #: Listed below

Department: Drug Laboratory

Date(s) of overtime work: 4/24/10

of hours requested: Listed below

Why work cannot be completed during regular hours: Significant backlog of samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Daley

Date: 4/21/10

Department Head: _____

Date: _____

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Nicole Medina	285766	7.5 hrs			
Daniel Penczakowski	297673	7.5 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	148724	7.5 hrs			
Michael Lander	120459	7.5 hrs			